DOCUMENT RESUME

ED 292 017 CG 020 624

AUTHOR Gray, Jacqueline Mary; And Others
TITLE Qualitative and Quantitative Aspects of Social Support on the Decision To Seek Counseling: An Exploration of College Students' Help Seeking Behaviors.
PUB DATE Aug 87
NOTE 47p.; Paper presented at the Annual Convention of the American Psychological Association (95th, New York, NY, August 28-September 1, 1987).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS College Students; Comparative Analysis; *Counseling; *Demography; Higher Education; *Individual Differences; Predictor Variables; *Psychological Characteristics; Social Networks; *Social Support Groups; Stress Variables
IDENTIFIERS *Help Seeking; *Life Events

ABSTRACT

Although research has examined influence of social ties on health and well-being, it has not clearly identified the characteristics of social support networks that facilitate coping and mediate responses to stress. This study was conducted to determine whether individual differences in social support networks would discriminate between individuals who sought counseling from those who did not. Eighty undergraduate students from a psychology class and 80 undergraduate students from the student counseling center completed measures of life events, psychological distress, social support, and demographic characteristics. Data analysis revealed statistically significant differences between help seekers and nonhelp seekers. Examination of the individual variables relative to their discriminatory power revealed four significant discriminators for life events (number of negative events, perception of very negative events, number of positive events, and perception of very positive events); seven discriminators for psychological distress (obsessive-compulsivity, interpersonal sensitivity, depression, anxiety, psychoticism, trouble falling to sleep, and guilt); one discriminator for social support (density); and four discriminators for demographic characteristics (age, roommates, employment, and prior counseling for self and family). (Author/NB)

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QUALITATIVE AND QUANTITATIVE ASPECTS OF SOCIAL SUPPORT ON THE DECISION TO SEEK COUNSELING: AN EXPLORATION OF COLLEGE STUDENTS' HELP SEEKING BEHAVIORS

Jacqueline Mary Gray, Ph.D.

Northern Arizona University, Flagstaff

F. J. Eicke, Ed.D. and William Reploge, Ph.D.

Department of Family Medicine

University of Mississippi Medical Center

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Running head: SOCIAL SUPPORT

Abstract

Considerable research has indicated the position of influence of social ties on health and psychological well-being. The characteristics of social support networks that facilitate coping and mediate the psychological and physiological response to stress, however, have not been clearly identified.

This study examined 160 college undergraduates to determine whether differences in their social support networks would discriminate between individuals who sought counseling from those who did not. The data were examined to determine if life events, psychological distress, or demographic variables could enhance the prediction of help seeking behavior. Subjects were recruited from a large rural university in the Southwest. The sample for this study included 80 volunteer subjects solicited from a psychology class subject pool and 80 volunteer subjects solicited from the student counseling center. Both groups consisted of an equal number of males and females. Life events were measured by the Life Events of College Students (Sandler & Lakey, 1982) which yields scores on the number and perception of positive and negative events. Psychological distress was measured by the Brief Symptom Inventory (Derogatis et. al., 1976) which yields nine primary symptom dimensions. Social support was assessed by two measures, the Network Size Index (Barrera, 1980, 1981) and the Support Systems Map (Hirsch, 1979, 1980). The Network Size Index yields scores on the number of potential and

actual support providers in six categories. Additionally, the Objective Burden Scale (Stein, 1980) assessed the level of burden of the support network as perceived by the subjects by yielding an overall burden score. Demographic information which included information on identifying characteristics of the subjects and their support network was obtained through a researcher-designed Confidential Information Form. Discriminant analysis was used to assess mean differences on all resulting scores. Kappa tests were used to test the validity of the discriminant functions' ability to correctly assign group membership.

Analyses of the data revealed statistically significant differences between help seekers and nonhelp seekers. Examination of the individual variables relative to their discriminatory power revealed four significant discriminators for life events, seven discriminators of psychological distress, one discriminator for social support, and four discriminators for demographic information.

Specific issues and problems in social support research were also discussed.

Qualitative and Quantitative Aspects of Social Support on the Decision to Seek Counseling: An Exploration of College Students' Help Seeking Behaviors

The word "stress" has become one of the most widely used descriptors of everyday life. Stress is often used to describe diverse circumstances from college life experiences to the high incidence of divorce for police officers and firefighters. Selye (1982) defined stress as the nonspecific result of any demand upon the body, either physiological or psychological. The variability of situational and organismic factors which may elicit a stress response have made causal factors difficult to pinpoint. Situational factors such as emotional arousal, effort, fatigue, pain, fear, concentration, humiliation, loss of blood, and even great and unexpected success are capable of producing stress.

Hypotheses about sources of stress have stimulated scientific interest in mechanisms which can mediate the debilitating effects resulting from exposure to prolonged stressful situations. The notion that a causal relationship exists between life stress and subsequent physical illness has generated considerable research activity. The early studies by Holmes and Rahe (1967) maintained that the risk for physical illness increased proportionally to the accumulation of life stressors. The evidence that illness may be directly related to stress, however, is not overwhelming. Rather Dohrenwend and Dohrenwend (1974, 1978) suggested that the relationship is minimal, and thus the presence

of stressors alone does not allow for a strong prediction to be made that physical or psychological debilitation is inevitable. Therefore, the presence or absence of other factors might explain the varying vulnerability to stress of individuals facing the same stress-producing situation.

Recently, social support factors have been included in stress research. The literature on coping with stress has emphasized the positive effects that close personal relationships seem to have on peoples' ability to cope with stressful events (Cobb, 1976). Social support has been the focus of medical and behavioral research for over two decades, and, despite differences in definition, the therapeutic value of the presence of social support for mental and physical health is beyond question (Gottlieb, 1983).

Numerous studies have shown a relationship between social support and mental health (Dean & Ensel, 1981; Hirsch, 1980; Lowenthal & Haven, 1968; Miller, Ingham & Davidson, 1976). Substantial disagreement exists, however, about how social support might counterbalance the effects of stress. Many researchers have maintained that social support networks act as buffers (Dean, Lin & Ensel, 1981; Kaplan, Cassell & Gore, 1977), whereas others have pointed to the direct protective functions that these networks have by fostering more effective coping abilities and improving overall adjustment to change (Andrews, Tennant, Hewson & Vaillant, 1978).

Basically, social support implies an assessment of the quality or helpfulness of social relationships and the actual number or

quantity of relationships that are believed to positively affect psychological and physical well-being (Bruhn & Phillips, 1984). It supplies individuals with information concerning appropriate expectation for assistance. Such information includes expectations of consistency of behavior. As Caplan (1974) stated, "Social support implies an enduring pattern of continuous or intermittent ties that play a significant part in maintaining the psychological and physical integrity of the individual over time" (p. 87). Support rendered conveys to its participants that they are loved and cared for, that they are valued, and that they belong to a support system (Cobb, 1976). Further, as other researchers have observed (Caplan, 1976; Granovetter, 1973), the information disseminated with regard to problem-solving and contacts for assistance involves mutual obligation and understanding. This process of reciprocity may actually facilitate the process of help seeking by ensuring a sense of equity or balance in relationships with others. Thus, social support may be defined as individuals within a person's total social network. The aid received from network members may include socioemotional or instrumental assistance rendered on a continuous or intermittent schedule (Thoits, 1982).

The development of a definition of the concept of social support networks should include both quantitative and qualitative aspects. Quantitative features include size of network, frequency of contacts among members, strength of ties, homogeneity, dispersion, symmetry of contacts, and relationships between the network and outside influences.

Qualitative characteristics of social support refers to their emotional valence (Greenblatt, Becerra, Serafetinides, 1982). Because of the interrelatedness of these variables, an adequate definition of social support should embrace both quantitative and qualitative features of supportive relationships. However, the majority of studies of social support have examined either the qualitative or quantitative aspects of social support separately.

The term "network density" has been used to refer to the number of relationships which exist among the members of a social support system as a proportion of the total possible relationships and as a means of combining qualitative and quantitative aspects of social support. The density indicator is derived from the measure proposed by Hirsch (1979, 1980), in which density is stated as the number of existing relationships to the proportion of total possible relationships. Until recently the belief generally held was that the more dense the network the more available the support. That is, the greater the number of relationships and the more tightly interlocked they were, the more supportive the network. Defining the effectiveness of social support in terms of number and interrelatedness of contacts is not adequate. As Greenblatt et al. (1982) suggested "by their very nature, social networks, since they involve human relationships, may be supportive and life enhancing or destructive and life diminishing" (p. 983). Recent research, conceptualizing the positive effects of social support as synonomous with the density of the network has met with considerable disagreement (Stokes & Wilson, 1984). In fact,

Wilcox (1981) and Hirsch (1980) suggested that often loose-knit networks are superior for fostering adjustment.

Perhaps loose networks are more superior because the maintenance of a relationship can be burdensome when facing a stressful situation that arouses negative emotions in members of the network. Conflict is also more likely to occur in dense networks. Gottlieb (1983) noted that primary support systems may actually exert harmful influences in stressful times. This notion might be useful to counseling professionals who, in an attempt to foster support for their clients, may be tempted to intervene by mobilizing the natural familial support network. Several examples may elucidate this point. First, Gottlieb's (1983) example of an abusive family system illustrates the need for this caution: "If child abuse is transmitted from one generation to another, or if it is maintained through interaction with a network that condones this manner of child-rearing, then grevious harm would result from interventions that mobilize the network" (p. 63). Second, Gottlieb noted that feelings of indebtedness and dependency may arise from repeated receipt of help without an opportunity to reciprocate and may add to the burden of the recipient. A third negative effect could occur simply because of the helpee's life circumstances. For example, if the help seeker had no family the result could be an inappropriate expression of aid such as making high demands on acquaintances. Or if the help seeker's life circumstance aroused emotional reactance in family members, the result could be the withdrawal or even

nonmaterialization of expected support. Thus the absence of an opportunity to provide aid to others or the absence of needed support may potentially produce further trauma for the help seeker.

Certainly social support is not always helpful. Environmental conditions may dictate help seeking in a more formal mental health establishment. The complexities involved in the adaptation to stress may also be complicated by family roles. For example, as a college student enters early adulthood, their developmental need to individuate from the family may prohibit that member from seeking emotional guidance from the primary support network (Barth & Schinke, 1984).

Regardless of the source of support, researchers have found the availability of social support to be different depending on the level of mental health (Mitchell & Trickett, 1980; Pattison, 1979). Nonprofessional support is often sufficient, especially if the stressor is limited in duration and does not place undue stress on an individual's system. Caplan and Killilea (1976) suggested that support may be of a continuing nature or intermittent and short-term and may be utilized from time to time by the individual in the event of an acute need or crisis. The likelihood that the informal support network will be helpful depends not only on the individuals' emotional and coping health, but also on the nature of the interrelationships within the system.

However, social support networks are generally unable to accommodate increased demands for support over long periods of time.

Typically, the initial responses to a network member's crisis are adequate. But, over time, the capacity of the network to adapt to the increased demands of the recipient tends to tax the system's resources. The Vietnam veterans' experience returning to the United States illustrated the effects resulting from the absence of support in the face of increased stress (Keane, et al., 1985). As a result of this reduction of support, Vietnam war veterans often experienced depression, guilt, anxiety, and social alienation, partially because of the public's decreasing support of the war (Keane, et al., 1985) and also perhaps because loved ones were unable to cope with the increased burden on resources. Reduction of social support, according to some researchers, is inevitable (Green, Grace, Lindy, Litchener & Lindy, 1983). It is at this point of breakdown of the natural support that professional caregivers are most likely to be consulted. Researchers have explored several factors in addition to social support, which affect the decision to seek counseling: perception of help seeking (Cowen, 1982), degree of psychological distress (Potasznik & Nelson, 1984), and sociodemographic variables as they relate to perception of stress (Goodman, et al., 1984). Despite the perpetually confounding nature of the variables in social support research, psychological literature continues to devote a considerable amount of attention to this area. Clearly, understanding the role that informal support networks play in facilitating help seeking from professional caregivers is particularly important to psychological service providers. Research distinguishing

the characteristics of the individual and the social support system and the effect that these characteristics have on the decision to seek psychological counseling have not been abundant.

The presence of stressful life events does not adequately explain the occurrence of psychological distress thus, researchers have been encouraged to explore other factors which might mitigate the negative effects of life stress on psychological well-being. Social support theorists contend that the presence of an adequate natural network of interpersonal linkages will positively affect the overall well-being and, conversely, that the absence of these relationships will negatively affect the individuals' ability to cope with life stress, resulting in debilitation which requires formal help. Research on social support have indicated that while social support may have stress-buffering qualities, the specific characteristics of a positive social support system have not been clearly identified. Therefore, social support's dynamic nature requires focus on the immediate stressful situation and the general life of the person. And thus, an examination of the overall structure, perception, and experience of social support must be included in the study of stressed and nonstressed individuals.

The present study addressed a single hypothesis related to discrimination of help seekers and nonhelp seekers on four sets of predictor variables. The predictor variables examined were life events, psychological distress, social support, and demographic variables. It was proposed that by identifying the qualitative and quantitative

dimensions of social support and the mediating variables of stress and psychological well-being, helping professionals would then have access to factors that can target potential candidates for preventive psychological services. Significant for outreach services to freshmen and their parents, is the notion that a curvilinear relationship may exist between social support and professional help seeking. If the network is too dense, the student may have difficulty trusting their own decisions, and if the network is either too sparse or is perceived as burdened, then the student would be more likely to seek psychological services.

Method

Subjects

The sample for this study consisted of 160 students, 80 males and 80 females who attended a university in the Southwest during the spring semester of the 1985-86 academic year. The 160 subjects were selected in order to allow comparison of the characteristics of life events, psychological distress, social support, and demographic variables of subjects who sought psychological counseling with those students who did not seek psychological help. All subjects were told that the purpose of the research was to examine the determinants of help seeking behavior in college students. Help seekers consisted of 80 subjects who were solicited from the student counseling service during routine intake procedures. The remaining 80 nonhelp seeking subjects were solicited from an undergraduate psychology subject pool, and in return for their participation, they obtained partial

course credit for research participation requirements. The psychology subject pool subjects were not presently seeking psychological help. Both groups consisted of 40 males and 40 females who were between the ages of 18 and 23. The ages of all the subjects ranged from 18-23 with a mean age of 19.75 and a standard deviation of 1.52. Group 1 subjects had a mean age of 20.26 with a standard deviation of 1.64. Group 2 had a mean age of 19.23 with a standard deviation of 1.21. Except for three married students, all the subjects were single.

Procedure

All subjects were asked to complete a test booklet consisting of the Consent Form, the Confidential Information Form, the Network Size Index, the Network Size Index Answer Sheet, the Support Systems Map, the Support Systems Map Answer Sheet, the Objective Burden Scale, the Life Events of College Students Schedule, and the Brief Symptom Inventory, in that order. Debriefing occurred after completion of the test booklet; all subjects were given a written explanation of the purpose of the study. The entire procedure was written and did not require any special administration instructions. Test completion time was approximately thirty-five minutes. Subjects participating for research credit were given the packet by the researcher and completed the instruments in a classroom setting. Those who participated as part of the regular intake procedure at the counseling center were given the packet by a secretary and completed the instruments in one of the center's testing cubicles. Subjects were

asked to complete the test booklet either immediately after their intake or before their next counseling session.

Instruments

Sociodemographic Information

Basic characteristics of the subjects were obtained by the Confidential Information Form developed by the researcher. Subjects were asked to respond to forced choice questions for the following variables: reason for counseling visit and source of referral (for help seeking subjects only), age, sex, marital status, grade point average, sources of financial support (including loans, hours of employment, and indication of primary source), present living status (alone or with a roommate), parents' education, family's connection with the University, amount of contact with family of origin, geographic distance from the family, and personal and family history of psychological help seeking. The questions were assigned dummy codes of 0 = no, 1 = yes, 3 = other/fill in for data analysis.

Network Size Index (NSI)

The Network Size Index was adapted from the Arizona Social Support Interview Schedule and conceptualizes social support as falling into six categories (Barrera, 1980; Barrera, Sandler & Ramsay, 1981; Sandler & Lakey, 1982): (a) material aid (money or other physical objects), (b) physical assistance (sharing of tasks), (c) intimate interaction (expression of feelings and caring), (d) guidance (advice-giving, information, or instruction), (e) feedback (providing

information about oneself), and (f) positive social participation (pleasant interactions).

Respondents were asked to list those individuals who had provided a particular supportive function and those who typically provided such aid. The basic changes made from the Arizona Social Support Interview Schedule (ASSIS) were as follows: (1) Only six of the eight categories of the ASSIS comprised the Network Size Index (NSI). The categories included were intimate interaction, material aid, advice, positive feedback, physical assistance, and social participation. The categories excluded were negative interactions and personal characteristics of network members. (2) For each of the categories (labelled A-F; 1, 2, and 3), the subjects were asked in written form the same questions given orally from the ASSIS. (3) The satisfaction rating was derived from the Daily Interaction Rating Scale (DIRF) by Hirsch (1979). The satisfaction rating was a 7-point scale (1 = very dissatisfied; 2 = moderately dissatisfied; 3 = slightly dissatisfied; 4 = neutral; 5 = slightly satisfied; 6 = moderately satisfied; 7 = very satisfied).

The measure yields four scores for the following social support network variables: perceived size, actual size, difference between perceived and actual support, and overall satisfaction with support received. Test-retest reliability (r = .88) and internal consistency of the interview format (coefficient alpha = .33) was established by Barrera (1980). Validation of this measure was reported by several investigators to be adequate (Barrera, 1980; Barrera, Sandler &

Ramsay, 1981; Goodman et al., 1984). However, the Network Size Index was modified by the researcher to be applicable for written self-administration. Therefore, reliability and validity data was estimated from the interview format to be adequate.

Support Systems Map (SSM)

The Social Systems Map was developed by Hirsch (1979, 1980). Participants were asked to draw a sociogram of their social support system as outlined by the researcher's written instructions. An example of a sociogram followed the instructions. The variability of density was defined as the number of relationships which existed among the members of the social support system as a proportion of the total possible relationships. This score was then calculated with the following formula (Hirsch, 1979, 1980): Density = $x/ (N(N-1)/2$ (in which X = number of relationships between members listed in the network; N = total number of people in the network.) Scores ranging from 0-1 are possible. High scores indicate dense, interlocking networks, whereas low scores suggest less dense loosely connected networks. The Social Support Systems Map is actually one part of the Social Network list developed by Hirsch (1979, 1980) and has been widely used by researchers to assess network density (Hirsch, 1980; Potasznik & Nelson, 1984; Wilcox, 1981). These researchers report acceptable levels of reliability, r = .88.

Objective Burden Scale (OBS)

The Objective Burden Scale (OBS) was adapted by Test and Stein (1980) from the work of Grad and Sainsbury (1968) and most recently

by Potasznik and Nelson (1984). The scale consists of objective questions which assess the disruption in the social support network of the subject precipitated by the subject in areas of employment, school attendance, social and leisure time activities, household or domestic routines, and relationships with others. The OBS was adapted by the researcher to assess the burden as perceived by the subject instead of as originally designed to assess the burden as perceived by the family member. The assessment of the burden variable was obtained by a 3-point measure (frequently = 3; occasionally = 2; never = 1). Raw scores on the OBS ranging from 0-15 were derived by summing the response to each question and then dividing by five.

The development of a powerful measure of burden has not been adequately addressed in the psychological literature. Test and Stein (1980) reported validity data of the nonrevised measure of the OBS, estimated from the internal consistency of the items, to be adequate ($r = .74$). Other investigators have reported similar validation estimates using this scale (Potasznik & Nelson, 1984).

Life Events of College Students (LECS)

Sandler and Lakey (1982) developed the Life Events of College Students Schedule to address life events specific to the college student population. This checklist is composed of 112 experiences that are considered to be germane to college life. This measure has been found to maximize the ecological validity of the research as it pertains to the effects of stress on college students. This measure yields six scores which are included in the life event variables of

this study. The variables are as follows: number of positive life events, number of perceptions of slightly positive and very positive life events, number of negative events, and number of perceptions of slightly negative and very negative life events. The unweighted unit sum of negative and positive events ranging from 0-112 which had occurred in the past month was used to measure stress as suggested by Ross and Mirowsky (1979). Test-retest reliability of the measure has been reported to be acceptable (r = .88) (Sandler & Lakey, 1982). Test-retest reliability over a two-day interval was derived from a sample of 70 undergraduates. Reliability coefficients were above .90 and were judged to be acceptable (Sandler & Lakey, 1982).

Brief Symptom Inventory (BSI)

The Brief Symptom Inventory (BSI) is a measure of current point-in-time, psychological symptom status of psychiatric and medical patients, as well as individuals who are not currently assigned medical or psychiatric status. The Brief Symptom Inventory (BSI) is a shortened version of the Symptom Check List Revised (SCL-90-R) (Derogatis et al., 1976; Derogatis & Cleary, 1977). The BSI is comprised of 53 items which are rated on a 5-point distress scale. The BSI is scored in terms of nine primary symptom dimensions and these symptoms comprised the psychological distress variables of this study: Somatization, Obsessive Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism. The raw scores of each dimension indicate the symptomology for each dimension. Each dimension's total raw score ranges from 0-1. The raw score means and

standard deviations for the 9 primary dimensions range from a low (M = .15, sd = .30) on Psychoticism to a high (M = .43, sd = 48) on Obsessive-Compulsive dimension. Reliability and validity of the BSI has been reported to be adequate (Derogatis & Spence, 1982).

Results and Discussion

The objective of the study was to demonstrate the predictive validity of measures of life events, psychological distress, social support, and demographic variables on help seeking behavior. Accordingly, four discriminant analyses were performed.

The Chi-Squared statistic allowed the researcher to reject the null hypothesis that the means of the two groups were the same for each set of variables. All results are summarized in Table 2. A classification matrix (Table 3) was derived to test the function's predictive validity by assigning subjects to one of two groups. All classification results are summarized in Table 3 and include the computed k (kappa) for each variable set.

While the results of the Chi-Squared test do indicate statistical significance of the distance between group centroids, in reality it is a weak test of the function's predictive validity. Therefore a classification matrix was derived by using each discriminant function to assign subjects to one of the two groups (Table 3). The numbers on the diagonal of the classification matrix represent correct group assignments; numbers off the diagonal represent incorrect group assignments.

The ability of the function to correctly assign subjects to appropriate groups was high for life events, psychological distress, and demographic variable. Social support was only slightly better than chance. That is, for all variables except social support the predictive accuracy of the predictor variables surpassed the classification criterion of 62.50 percent (25 percent better than by chance assignment). Hair et al. (1974) suggested that any results that do not meet a classification accuracy of at least 62.50 percent should be interpreted with caution.

Having established the validity of the discriminant function, the predictor variables which contributed most to the discriminating (predictive) power of the function were examined for each of the four sets of variables. Data provided in Table 2 indicates the predictive contribution of life events, psychological distress, social support, and demographic variables.

The results of this study indicate that a number of characteristics distinguish counseling seekers from noncounseling seekers in this population. The stated hypothesis was supported: the four sets of predictor variables, life events, psychological distress, social support, and demographic data, were powerful discriminators of help seeking behavior. Counseling seekers' scores were significantly different from noncounseling seekers' on measures of life events, psychological distress, demographic variables and social support. This difference suggests that the prediction of help seeking behavior can be enhanced by the inclusion of these variables within

a model of help seeking determinants. The utility of the social support discriminators should be interpreted cautiously, however, because of the increased likelihood that subjects were incorrectly classified into both groups. The social support variables included in this study do not appear to be strong predictors of help seeking behavior.

Life Events as Predictor Variables

Counseling seekers' report of both the number and perception of positive and negative events differed from noncounseling peers. Results obtained from the discriminant analysis of life events yielded four significant discriminators: number of negative events, perception of very negative events, number of positive events, and perception of very positive events. Counseling seekers reported a greater number of negative events and perceived these events as more negative than did their noncounseling seeker counterparts. In contrast, they also listed fewer number of positive events and had less positive perceptions of either of those events. The groups did not differ on the perception of either slightly negative events or slightly positive events. The results replicated the findings of Goodman et al. (1984), that both the number and perception of both positive and negative events would discriminate help seekers from their peers. These results suggest that counseling seekers tend to perceive more life events as negative and view life events as more traumatic, perhaps suggesting the existence of cognitive distortion (Goodman et al., 1984).

However, the difference between perceived and actual support available failed to discriminate between help seekers and nonhelp seekers. This surprising finding seems to dispute the notion that cognitive distortion affects the perceptions of psychologically distressed individuals (Beck, 1971; Meichenbaum, 1977).

Psychological Distress as Predictor Variables

Counseling seekers scores on the psychological distress instrument differed significantly from those of their peers. Results obtained from the discriminant analysis of psychological distress yielded seven discriminators: Obsessive-compulsivity, Interpersonal sensitivity, Depression, Anxiety, Psychoticism, Trouble Falling Asleep, and Guilt. Counseling seekers scored significantly higher on each of these factors than did noncounseling seekers. The groups did not differ significantly on somatization, hostility, phobic anxiety, paranoid ideation, poor appetite, or thoughts of death or dying factors. These results suggest that counseling seekers are more psychologically distressed than noncounseling seekers. The results also suggest that although the two groups did not differ on factors such as Hostility, Phobic Anxiety, or Paranoid Ideation, these factors were elevated. However, elevation of these factors may actually be more typical for college students than the population in general, and therefore, generalizations to the general populations should be made with extreme caution (Derogatis, 1977). Further, as established by numerous studies on life stress and psychopathology, the results support the relationship

between life stress and resultant psychological distress (Cobb, 1976; Dean & Ensel, 1981; Dohrenwend & Dohrenwend, 1974; Hirsch, 1980; Lowenthal & Haven, 1968).

Social Support Indices as Predictor Variables

Counseling subjects scores on social support variables differed from the noncounseling subjects only on the social support variable of density. On the remaining variables, perceived network size, utilized network size, differences between perceived and utilized network size, satisfaction with network, network members nearby, and burden, scores between the two groups approached significance in the expected direction, but significance was not obtained. Interpretation of social support was also weakened by the percentage of subjects incorrectly classified into both groups.

Counseling seekers' social support networks were less dense than the noncounseling seekers' network. These results suggest that the counseling seekers' network had fewer ties with other network members than the more interconnected noncounseling seekers' support systems. These results also support the notion that density may actually be the composite of the qualitative and quantitative dimensions of social support as conceptualized by Hirsch (1981). Perhaps one explanation of the failure of the present study to find each social support variable to be a powerful discriminator of help seekers is that the isolation of individual dimensions of social support alone may not be capable of providing powerful predictors of help seeking behaviors.

The groups did not differ significantly on the remaining indices of social support: perceived network size, actual network size, difference between the perceived and actual network size, overall satisfaction with support received, geographic availability of network members, or perceived level of burden on the network. These findings do not support previous studies in which a strong relationship between network size (either perceived or actual) and satisfaction with the network was found (Bruhn & Philips, 1984; Goodman, Sewell & Jumpel, 1984). Perhaps one explanation for this unexpected finding is that the subjects tended to refrain from using the lower ratings of satisfaction with support. Yet another plausible explanation for the failure to support the hypothesis that satisfaction and network morphology are related is that earlier studies have been correlation, whereas the present study used multiple discriminant analysis (MDA) to demonstrate a relationship. It is possible that the MDA only required one variable to obtain maximum prediction, and thus ignored other variables in the study which might singularly have correlated with help seeking behavior.

Furthermore, the results fail to provide evidence that the density of the social support network is inversely related to satisfaction as demonstrated in earlier studies (Hirsch, 1979, 1980; Walker, MacBride & Vachon, 1977; Wilcox, 1981). Another explanation offered by several researchers (Birkel & Reppucci, 1983; Kammeyer & Bolton, 1968; McKinlay, 1973) was that individuals with less dense networks tended to seek help from a variety of sources including

professional resources. Individuals from these loose networks might not perceive their support system as unsupportive or inadequate, but rather are better informed about assistance available outside the network. A willingness to seek outside help also provides a plausible explanation for the failure of the present study to support previous studies that found satisfaction with support to be inversely related to the experience of problems in living (Barrera, 1981; Turner, Frankel & Levin, 1983). If individuals from loose networks generally seek outside assistance without punishment from the system's members, then the decision to seek counseling would not necessarily be the result of dissatisfaction with the natural support system or a difficulty coping with life stress. Rather, for example, two individuals who experience the same stressful event may just choose different modes of support: one individual might decide to seek professional help, whereas the other individual might choose to seek assistance from within the social network. The variability of social support modes perhaps explains why the experience of stress may not be a powerful indicator of help seeking or psychological debilitation. The results of this study suggest that the density of the network is the most predictive feature of the social support indices on professional help seeking behavior; however, the results failed to support the notion that the relationship between density and help seeking for college students is curvilinear.

Demographic Data as Predictor Variable

Counseling seekers differed from noncounseling seekers on five of the fifteen descriptors. The data which obtained different scores for the two groups were age, roommates, employment, and prior counseling for self and family. Those descriptors which did not yield differences between scores of each group were residence, financial support, student loan, parents attended same university, last year of education-mother, last year of education-father, contact with family, distance between school and home, and GPA.

Counseling seekers tended to be older, were presently employed, had previous counseling experience, and members of their families had previous counseling experiences. Although the groups had statistically differed significantly on age, it seems unlikely that a difference of one year represents a true difference in the tendency to seek counseling. A more plausible explanation of the age difference may be that the groups were not well matched. Therefore, the variable of age should be viewed with caution. Surprisingly, the results also failed to support other studies which have found factors such as GPA and financial support to indicate group membership (Goodman et al., 1984). However, the results suggest that counseling seekers may be at least partially responsible for their finances as evidenced by their employment status. Employment demands might conceivably put these students at a time disadvantage when competing academically with students who do not have employment and/or financial responsibilities.

The failure to find evidence of the import of geographic availability was unexpected in light of findings of other studies which suggested that the absence of a critical person such as a parent (Eaton, 1978) or an older sibling (Sandler, 1980) influences the perception of support. The results also do not support the findings of Potasznik and Nelson (1984) that psychological distress and social support measures are related to the perception of burden. These researchers also maintained that burden is associated with loose networks; however, they recognized that this finding might not be generalizable to other populations because of their restricted subject pool. The relationship between density and burden seems logical and warrants further study.

Summary

The results of this study were expected to demonstrate that individuals who experienced a high level of stress or life change would in the absence of social support be more likely to experience psychological distress and thus seek professional help. And conversely, those individuals who experienced similarly stressed life events but who enjoyed a high level of social support would not experience psychological distress or seek outside help. The present results are supportive of the buffering hypothesis. Individuals who sought counseling reported a greater number of stressors and perceived these stressors as more distressful than did those individuals not seeking help. Further, counseling seekers were more psychologically distressed. Lastly, the characteristics of the social support network

for counseling and noncounseling subjects suggested that help seekers' networks were loosely connected perhaps resulting in loss of feeling of connection and the loss of information.

Specifically, the interconnectiveness of the social support system of noncounseling seekers was greater than that of counseling seekers. This suggests that in addition to number of network members available, the quality of the relationships between members may also provide stress-reducing benefits for each member of the system.

In summary, it should be noted that although the relationship between social support variables did not contribute powerfully to the decision to seek counseling, the questions of social support research are complex and, therefore, the stress reducing or buffering effect of social support networks may not be the result of any one characteristic of the network but rather the composite of the whole network. Certain trends have been observed that support previous findings. The goal of understanding the positive aspects of social support and the relationship between these characteristics and help seeking would provide valuable information to helping professionals. Although the development of a model of a helpful social support network would be useful to helping professionals in targeting individuals-at-risk, such a model goes beyond the scope of this study.

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Table 2

Means, Standard Deviations, and Univariate F-Ratios of Raw Scores of Predictor Variables for Help Seekers and Nonhelp Seekers

Variable	Help Seekers M	Help Seekers SD	Nonhelp Seekers M	Nonhelp Seekers SD	F	df
			Life Events			
Number of Positive	14.68	6.58	17.65	8.11	6.49**	1,158
Perception:						
Slight	6.85	4.24	8.20	8.68	1.56	1,158
Very	7.83	5.13	10.20	6.58	6.48**	1,158
Number of Negative	11.10	5.19	8.34	4.25	13.57**	1,158
Perception:						
Slight	6.78	3.68	5.85	3.20	2.87	1,158
Very	4.33	3.31	2.49	2.21	17.02**	1,158

(table continues)

Table 2

Variable	Help Seekers M	Help Seekers SD	Nonhelp Seekers M	Nonhelp Seekers SD	F	df
			Psychological Distress			
Somatization	.59	.58	.47	.52	1.89	1,156
Obsessive-Compulsivity	1.44	.75	1.09	.64	10.03**	1,156
Interpersonal Sensitivity	1.39	.88	.97	.79	9.97**	1,156
Depression	1.40	.84	.82	.74	21.79**	1,156
Anxiety	1.24	.75	.82	.63	14.65**	1,156
Hostility	.88	.62	.80	.76	.48	1,156
Phobic Anxiety	.42	.49	.35	.51	.72	1,156
Paranoid Ideation	1.05	.74	.84	.63	3.73	1,156
Psychoticism	1.03	.71	.72	.70	7.62**	1,156
Additional items:						
Poor appetite	.62	.89	.55	.81	.23	1,156
Trouble falling asleep	1.23	1.45	.71	1.00	6.88**	1,156
Thoughts of death or dying	.92	1.26	.63	1.06	2.60	1,156
Feelings of guilt	1.37	1.22	.96	1.10	4.93*	1,156

(table continues)

Table 2

Variable	Help Seekers M	Help Seekers SD	Nonhelp Seekers M	Nonhelp Seekers SD	F	df
			Social Support			
Perceived size	8.36	3.02	8.09	2.98	.30	1,150
Utilized size	6.52	2.25	6.46	2.57	.17	1,150
P/U difference	1.84	2.00	1.62	1.98	.44	1,150
Satisfaction	5.89	.66	6.01	.81	1.04	1,150
Density	.14	.10	.18	.14	4.73*	1,150
Network nearby	4.09	2.70	4.16	2.34	.33	1,150
Burden	6.90	1.62	6.94	1.36	.28	1,150
			Demographic Variables			
Residence	1.61	.49	1.47	.50	2.38	1,127
Roommates	1.17	.38	1.05	.23	4.42*	1,127
Financial support	1.19	.39	1.16	.37	.18	1,127
Student loan	1.72	.44	1.79	.40	.74	1,127
Employment	1.62	.48	1.89	.30	14.01*	1,127

(table continues)

Table 2

Variable	Help Seekers M	Help Seekers SD	Nonhelp Seekers M	Nonhelp Seekers SD	F	df
Demographic Variables						
Parents attended same university	1.88	.31	1.85	.35	.36	1,127
Last year education-mother	14.46	2.20	14.05	2.24	1.07	1,127
Last year education-father	15.17	2.75	15.79	2.24	1.93	1,127
Contact with family	77.45	72.00	83.44	70.34	.22	1,127
Distance between school and home	4.40	2.45	3.98	2.35	.97	1,127
Prior counseling - self	1.64	1.48	1.86	.34	9.04**	1,127
Prior counseling - family	1.58	.49	1.80	.39	8.11**	1,127
GPA	2.56	.78	2.79	.60	3.59	1,127

*p <.05

**p <.01

Table 3

Classification Matrix for Discriminating Help Seekers from Nonhelp Seekers

Actual Group	Predicted Group: Help Seekers	Predicted Group: Nonhelp Seekers	% Correct
Life Events			
Help seekers	55	25	68
Nonhelp seekers	23	57	71
Predicted total	78	82	70
Overall Predictive Accuracy = 70 percent			
k-value of .41 significant beyond the .05 level			
Psychological Distress			
Help seekers	51	27	65
Nonhelp seekers	22	58	72
Predicted tatal	73	85	69
Overall Predictive Accuracy = 69 percent			
k-value of .38 significant beyond the .05 level			

(table continues)

Table 3

Actual Group	Predicted Group: Help Seekers	Predicted Group: Nonhelp Seekers	% Correct
Social Support			
Help seekers	52	23	69
Nonhelp seekers	39	38	49
Predicted total	91	61	59
Overall Predictive Accuracy = 59 percent			
k-value of .32 significant beyond the .05 level			
Demographic Variables			
Help seekers	46	16	74
Nonhelp seekers	12	55	82
Predicted total	56	73	78
Overall Predictive Accuracy = 78 percent			
k-value of .535 significant beyond the .05 level			